

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/814,575
Filing Date	April 1, 2004
First Named Inventor	Arie Maharshak
Art Unit	2832
Examiner Name	Michael A. Friedhofer
Attorney Docket Number	798/9-2350

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 28150

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 28147

OR


<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Nilsan Maharshak		
Date	01-19-2007	Telephone	-972-77-3002141

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.16. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/814,575
Filing Date	April 1, 2004
First Named Inventor	Arne Maharshak
Art Unit	2832
Examiner Name	Michael A. Friedhofer
Attorney Docket Number	788/9-2350

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 28156

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

28147


OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone			Email	

I am the:

☒ Applicant/Inventor

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Signature			
Name	Arne Maharshak		
Date	<span style="border: 1px solid black; padding: 2px;">04-19-2007</span>	Telephone	<span style="border: 1px solid black; padding: 2px;">- 472-54-4583567</span>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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**REVOCATION OF POWER OF  
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Application Number	10/614,575
Filing Date	April 1, 2004
First Named Inventor	Arie Maharshak
Art Unit	2832
Examiner Name	Michael A. Friedhofer
Attorney Docket Number	799/0-2350

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Arie Maharshak

Date

January 19, 2007

Telephone

- 972-4-9820140

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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